CONSENT TO DISCARD
FROZEN EMBRYOS

We request that some or all of our cryopreserved (frozen) embryos no longer be stored at Boston IVF. We request that the embryos be thawed in the laboratory in a manner that will render them non-viable.

If you are currently pregnant, we recommend that you **not** discard your frozen embryos until after you have given birth to your baby. If you have any questions, please contact your physician.

Our instructions are as follows:

I. Choose one of the two options below regarding the number of embryos to be discarded:
   a. We desire that **ALL** of our embryos stored at Boston IVF be discarded.
      
      Patient’s Initials      Partner’s Initials

   b. We desire that **ONLY** embryos frozen on **the following dates** be discarded:
      
      List dates of freeze (month/day/year) ______________________________

      Patient’s Initials      Partner’s Initials

II. Choose one of the three options below regarding the handling of the embryos after they are thawed
   a. We desire that Boston IVF discards the embryos according to their protocol.
      
      Patient’s Initials      Partner’s Initials

   b. We donate our embryos for laboratory training and/or for research purposes aimed at improving IVF treatment outcome. If discarded embryos are studied as part of a research project it would only be done in compliance with Institutional Review Board (IRB) policy. All materials used for research purposes would be de-identified. No materials would be used to establish a pregnancy.
      
      Patient’s Initials      Partner’s Initials

   c. We wish to take the embryos with us for disposal as we see fit.
      
      Patient’s Initials      Partner’s Initials
We release the physicians, nurses, technicians, and other Boston IVF staff from any responsibilities regarding these embryos after they are thawed. We have had an opportunity to discuss this decision with the Boston IVF staff and understand the implications of this decision. We have been given the opportunity to ask questions which have been answered to our satisfaction in language that we understand by the staff of Boston IVF and we have considered alternative options.

__________________________________________  _______________________________________
Signature of Patient                                                                                 Signature of Patient

__________________________________________  _______________________________________
Printed Name                                                                                           Printed Name

__________________________________________  _______________________________________
Date of Birth                                                                                           Date of Birth

__________________________________________  _______________________________________
Today’s Date                                                                                           Today’s Date

__________________________________________  _______________________________________
Signature of BIVF Witness                                                                              Signature of BIVF Witness

__________________________________________  _______________________________________
Printed Name of BIVF Witness                                                                           Printed Name of BIVF Witness

__________________________________________  _______________________________________
ID Type                                                                                                 ID Type

__________________________________________  _______________________________________
ID Number and Exp Date                                                                                 ID Number and Exp Date

__________________________________________ (State)
On this ___ day of __________, 201__, before me, the undersigned notary public, personally appeared
__________________________________________, proved to me through satisfactory evidence of identification, which were
__________________________________________, to be the personal whose name is signed on the proceeding or attached document in my presence.

__________________________________________ (State)
On this ___ day of __________, 201__, before me, the undersigned notary public, personally appeared
__________________________________________, proved to me through satisfactory evidence of identification, which were
__________________________________________, to be the personal whose name is signed on the proceeding or attached document in my presence.